

POST OFFICE TO ADDRESSEE



EL634886135US

EL634886135US

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date in Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time in <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Signature of Addressee or Agent
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	X Name - Please Print		
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. XXXX93936X			<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. <input type="checkbox"/> I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
FROM: (PLEASE PRINT) ENZO BIOCHEM INC 527 MADISON AVE FL 9 NEW YORK NY 10022-4304 Enz-64 (CIP)			TO: (PLEASE PRINT) Mail Stop - NoFee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
PRESS HARD You are making 3 copies.			FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov EMS		

Mailing Label
Label 11-F July 1997

10/
F02
112

POST OFFICE TO ADDRESSEE

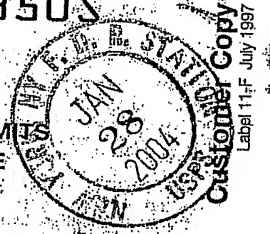


EL634886135US

EL634886135US

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
PO ZIP Code 10022	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date in 1-28-04	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 27.30	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time in 03:34	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight 3 lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Signature of Addressee or Agent
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials XXXX	Total Postage & Fees \$ 27.30	X Name - Please Print		
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. XXXX93936X			<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. <input type="checkbox"/> I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
FROM: (PLEASE PRINT) ENZO BIOCHEM INC 527 MADISON AVE FL 9 NEW YORK NY 10022-4304 Enz-64 (CIP)			TO: (PLEASE PRINT) Mail Stop - NoFee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
PRESS HARD You are making 3 copies.			FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov EMS		

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE



Mailing Label
Label 11-F July 1997

10/
F02
112

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Enz-64 (CI) Mail Stop - No Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) EL634886135US</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>102595-02-M-1540</p>		<p>102595-02-M-1540</p>	

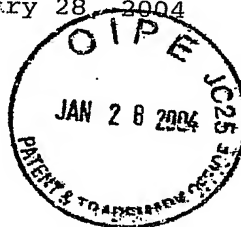
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
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<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>102595-02-M-1540</p>		<p>102595-02-M-1540</p>	

Please date stamp and return to addressee.

APPLICANT: ILAN ET AL	<input checked="" type="checkbox"/> Express Mail Label No. EL634886135US
TITLE: GLUCOCEREBROSIDE TREATMENT OF DISEASE	<input type="checkbox"/> First Class Mailing Date
ENCLOSED ARE: <input type="checkbox"/> Application <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Assignment <input type="checkbox"/> Response to OA <input type="checkbox"/> Amendment <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Other (see below)	DATE MAILED: January 28, 2004
<input checked="" type="checkbox"/> INFORMATION DISCLOSURE STATEMENT	Serial No. 10/675,980
<input checked="" type="checkbox"/> TRANSMITTAL	Docket No. Enz-64 (CIP)
<input type="checkbox"/>	

Please date stamp and return to addressee.

APPLICANT: ILAN ET AL	<input checked="" type="checkbox"/> Express Mail Label No. EL634886135US
TITLE: GLUCOCEREBROSIDE TREATMENT OF DISEASE	<input type="checkbox"/> First Class Mailing Date
ENCLOSED ARE: <input type="checkbox"/> Application <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Assignment <input type="checkbox"/> Response to OA <input type="checkbox"/> Amendment <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Other (see below)	DATE MAILED: January 28, 2004
<input checked="" type="checkbox"/> INFORMATION DISCLOSURE STATEMENT	Serial No. 10/675,980
<input checked="" type="checkbox"/> TRANSMITTAL	Docket No. Enz-64 (CIP)
<input type="checkbox"/>	





EXPRESS MAIL

UNITED STATES

EXTREMELY FAST
MAY 1994

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- 1. Print your name and address on the reverse so that we can return the card to you.
- 2. Attach this card to the back of the envelope or on the front if space permits.
- 3. Mark the address and zip code on the envelope.

4. If Restricted Delivery is desired, check the box below. If you check this box, your mail will be delivered only to the addressee named. A signature will be required from the addressee. If you check this box, your mail will be delivered only to the addressee named. A signature will be required from the addressee.

COMPLETE THIS SECTION ON DELIVERY

Signature of Addressee

Print Name of Addressee

Print Address of Addressee

Print City, State, and Zip of Addressee

Print Date of Delivery

Print Signature of Addressee

Print Name of Addressee

Print Address of Addressee

Print City, State, and Zip of Addressee

Print Date of Delivery

Print Signature of Addressee

Print Name of Addressee

Print Address of Addressee

Print City, State, and Zip of Addressee

Print Date of Delivery

Print Signature of Addressee

Print Name of Addressee

Print Address of Addressee

Print City, State, and Zip of Addressee

Print Date of Delivery

Print Signature of Addressee

Print Name of Addressee

Print Address of Addressee

Print City, State, and Zip of Addressee

Print Date of Delivery

Print Signature of Addressee

Print Name of Addressee

Print Address of Addressee

Print City, State, and Zip of Addressee

Print Date of Delivery

Print Signature of Addressee

POST OFFICE TO ADDRESSEE

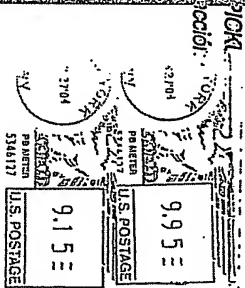
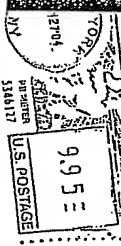


EL63486613505



Mailing Label Label 11-F July 1997

AFFIX POSTAGE OR CORPORATE ACCOUNT LABEL HERE



FROM: (Print name)
ENZO BIOGHEM INC.
527 MADISON AVE. FL. 9
NEW YORK
NY 10022-4304
Enz-64 (CIP)

TO: (Print name)
Mail Stop - NOPEE, Inc.
Commissioner, Education
P.O. Box 4450
Albany, NY 12242-0500
RETURN TO: (Print name)
NOPEE, Inc.
P.O. Box 4450
Albany, NY 12242-0500

PRESS HARD FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.GOV

Enz-64(CIP)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ilan et al

Serial No. 10/675,980

Filed: September 30, 2003

Title: GLUCOCEREBROSIDE TREATMENT OF
DISEASE

Group Art Unit: Not yet known

Examiner: Not yet known

527 Madison Avenue, 9th Floor
New York, NY 10022-4304
January 28, 2004

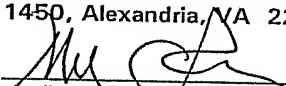
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Mail Stop – PGPUB Drawings
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF FORMAL DRAWINGS

Dear Sirs:

Transmitted herewith for filing in the above-identified application are twenty-one (21) sheets of formal drawings (Figures 1 to 21).

EXPRESS MAIL CERTIFICATE	
"Express Mail" Label No.	<u>EL634886149US</u>
Deposit Date	<u>January 28, 2004</u>
I hereby certify that this paper and the attachments herein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
 Ronald C. Fedus Reg. No. 32,567	<u>JAN 28 2004</u> Date

Enz-64(CIP)

Ilan, et al.

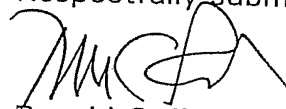
Serial No. 10/675,980

Filed: September 30, 2003

Page 2 (Transmittal of Formal Drawings – January 28, 2004)

Please charge any patent application processing fees under 37 C.F.R. §1.17
to Deposit Account No. 05-1135.

Respectfully submitted,



Ronald C. Fedus

Registration No. 32,567

Natalie Bogdanos

Registration No. 51,480

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